FORM D



UNITED STATES SECURITIES AND EXCHANGE COMPRISATOR occess Washington, D.C. 20549 Section

FORM D

MAY 02 2008

NOTICE OF SALE OF SECURITIES

PURSUANT TO REGULATION DC

SECTION 4(6), AND/OR

110

UNIFORM LIMITED OFFERING EXEMPTION

3235-0076							
OMB Number: 3235-0076 Expires: April 30, 2008							
Estimated average burden							
hours per response 16.00							

OMB APPROVAL

SEC USE ONLY					
Prefix		Serial			
DATE RECEIVED					
	1				

Name of Offering (☐ check if the	nis is an amendment and name has changed,	and indicate change.)	
Series A-4 Preferred Stock Financing	<u> </u>		
Filing Under (Check box(es) that	apply): ☐ Rule 504 ☐ Rule 505 🗵 Ru	le 506	☐ ULOE
Type of Filing:	☐ Amendment		
	A. BASIC IDENTIFICATION	ON DATA	PROCESSED
1. Enter the information requested a	oout the issuer		
Name of Issuer (check if this	is an amendment and name has changed, and	d indicate change.)	MAY 0 6 2008
Acceller, Inc.			\
Address of Executive Offices	(Number and Street, City, State,	Zip Code) Telephor	ne N IHOMSON IREUTERSde)
815 NW 57th Avenue, Suite 315, Mi	ami, FL 33126	30 <u>5-265</u>	-0136
Address of Principal Business Op	perations (Number and Street, City, State,	Zip Code) Telephor	ne Number (Including Area Code)
(if different from Executive Office	es)		
Brief Description of Business			
Provides digital customer acquisition	services for major providers of broadband, video	, wireless, and digital telep	none services
Type of Business Organization			
☑ corporation	☐ limited partnership, already formed ☐	other (please specify):	
□ business trust	☐ limited partnership, to be formed		
	Month	Year	
Actual or Estimated Date of Inco	rporation or Organization: 0 2 9	9 🗷 Actua	☐ Estimated
Jurisdiction of Incorporation or C	organization: (Enter two-letter U.S. Postal Se	ervice abbreviation for S	
	CN for Canada; FN for other	foreign jurisdiction)	F L

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;

Each executive officer and director of c and	•	of corporate general a	nd managing partne	ers of parmership issuers;
• Each general and managing partner of p Check Box(es) that Apply: □ Promoter □		Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) McKean, Steve				
Business or Residence Address (Number and 815 NW 57th Avenue, Suite 315, Miami, FL 3312		ip Code)	···	
Check Box(es) that Apply: ☐ Promoter ☐	Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Rodgers, Thomas E. Jr.				
Business or Residence Address (Number and 600 NE 36th Street, PH#9, Miami, FL 33137	Street, City, State, Z	ip Code)		
Check Box(es) that Apply: ☐ Promoter ☐	Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Randolph A. McKean, Trustee	-			•
Business or Residence Address (Number and 640 SW 87th Avenue, Suite 212, Miami, FL 3		ip Code)		
Check Box(es) that Apply: ☐ Promoter ☐	Beneficial Owner	Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Leichtenschlag, Dan				
Business or Residence Address (Number and 815 NW 57th Avenue, Suite 315, Miami, FL 3312		ip Code)		
Check Box(es) that Apply: ☐ Promoter ☐	Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Rasmussen, Paul				
Business or Residence Address (Number and 815 NW 57th Avenue, Suite 315, Miami, FL 3312		ip Code)		
Check Box(es) that Apply: ☐ Promoter ☐	Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) McKean, Randolph A.				<u></u>
Business or Residence Address (Number and 640 SW 87th Avenue, Suite 212, Miami, FL 3		ip Code)		
	Beneficial Owner	■ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Greene, Arlene				
Business or Residence Address (Number and 815 NW 57th Avenue, Suite 315, Miami, FL 3312		ip Code)		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

					B. IN	FORMA	TION A	BOUT C	FFERIN	iG				
													Yes	No
1.	Has the is	suer sol	d, or doe	s the issu	er intend	to sell, to	non-accr	edited inv	estors in	this offer	ing?			×
			Answ	er also in	Appendi	x, Colum	ın 2, if fili	ing under	ULOE.					
2.	What is the	he minin	num inve	stment th	at will be	accepted	from any	y individu	ial?				\$Nor	<u>1e</u>
													<u>Yes</u>	
3.		_	-		_									
4.	commissi If a perso	on or sing to be list the r	milar rem isted is a name of t	iuneratior n associat he broker	n for solic ted persor or dealer	titation of or agent r. If more	f purchase t of a brok e than fiv	ers in con cer or dea e (5) pers	nection w ler registe ons to be	rith sales ered with listed are	of securit the SEC	or indirectly, any ies in the offering and/or with a state ed persons of such	e	
Full N N/A	lame (Last	name fi	rst, if ind	ividual)										
Busin	ess or Res	idence A	ddress (1	Number a	nd Street,	, City, Sta	ate, Zip C	ode)						
Name	of Associ	ated Bro	ker or De	ealer										
States	in Which	Person I	Listed Ha	s Solicite	d or Inter	nds to So	licit Purch	nasers						
(Ch	neck "All S	tates" o	r check ir	ndividual	States)				••••••		*************			States
[AI		[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL] [M]		[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]		
[RI]		[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full N N/A	lame (Last	name fi	rst, if ind	ividual)										
	ess or Res	idence A	ddress (1	Number a	nd Street	City Sta	ate Zin C	ode)		· · · · ·				
Dusin	.033 01 1003	idence 1	1001033 (1	variibei a	na oa co	, Ony, on	, z.p 0	odej						
Name	of Associ	ated Bro	ker or De	ealer										
States	in Which	Person I	Listed Ha	s Solicite	d or Inter	nds to So	licit Purch	nasers						
(Cł	ieck "All S	tates" o	r check ir	ndividual	States)				••••••	••••••				States
[AI		[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]		
[IL] [M'		[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]		
[RI]		[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full N N/A	lame (Last	name fi	rst, if ind	ividual)										
Busin	ess or Res	idence A	ddress (1	Number a	nd Street,	City, Sta	ate, Zip C	ode)						
Name	of Associ	ated Bro	ker or De	ealer										
States	in Which	Person I	_isted Ha	s Solicite	d or Inter	nds to Sol	licit Purch	nasers						
										·····	·····	[J All S	States
[AI		[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL] [M		[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]		
[RI]		[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary) 3 of 5

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

 Enter the aggregate offering price of securities included in this offering and the to already sold. Enter "0" if answer is "none" or "zero." If the transaction is an offering, check this box ™ and indicate in the columns below the amounts of the offered for exchange and already exchanged. 	exchange	
Type of Security	Aggregate Offering Pri	
Debt	\$	\$
Equity	<u></u>	\$500,000
☐ Common ☑ Preferred		•
Convertible Securities (including warrants)	\$	\$
Partnership Interests		
Other (Specify)	\$	\$
Total		\$ <u>500,000</u>
Answer also in Appendix, Column 3, if filing under ULOE.		
2. Enter the number of accredited and non-accredited investors who have purchased se this offering and the aggregate dollar amounts of their purchases. For offerings und Rule 504, indicate the number of persons who have purchased securities and the agg dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or	er gregate	
	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	1	<u>\$500,000</u>
Non-accredited Investors	0	\$ <u></u> 0
Total (for filings under Rule 504 only)		\$
Answer also in Appendix, Column 4, if filing under ULOE.		
3. If this filing is for an offering under Rule 504 or 505, enter the information reque securities sold by the issuer, to date, in offerings of the types indicated, in the t months prior to the first sale of securities in this offering. Classify securities by ty Part C – Question 1.	welve (12) pe listed in	
Type of Offering	Type of Security	Dollar Amount Sold
Rule 505	······	<u> </u>
Regulation A		\$
Rule 504	\	
Total		\$
4. a. Furnish a statement of all expenses in connection with the issuance and distribusecurities in this offering. Exclude amounts relating solely to organization expensions. The information may be given as subject to future contingencies. If the an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	nses of the nount of an	
Transfer Agent's Fees	[□ \$
Printing and Engraving Costs	[s
Legal Fees		3 \$10,000
Accounting Fees]
Engineering Fees		
Sales Commissions (specify finders' fees separately)		_
Other Expenses (identify)]
Total		⊴ \$ <u>10,000</u>

	C. OFFERING PRICE, N	UMBER OF INVESTORS, EXP	'ENSES A	IND USE OF PE	COCEE	DS
	b. Enter the difference between the aggraduestion 1 and total expenses furnished in is the "adjusted gross proceeds to the issue	response to Part C - Question 4.a	. This diff	ference		\$ <u>490,000</u>
5.	Indicate below the amount of the adjusted used for each of the purposes shown. If the estimate and check the box to the left of the equal the adjusted gross proceeds to the inabove.	ne amount for any purpose is not k he estimate. The total of the payr	nown, fun nents liste	nish an d must		
				Payments to Officers, Directors & Affiliates		Payments to Others
	Salaries and fees			\$		\$
	Purchase of real estate			\$	□	\$
	Purchase, rental or leasing and installat	ion of machinery and equipment		\$		\$
	Construction or leasing of plant buildin	gs and facilities		\$	□	\$
	Acquisition of other businesses (includ this offering that may be used in exchananother issuer pursuant to a merger)	nge for the assets or securities of		\$	🗆	\$
	Repayment of indebtedness			\$	_ 🗆	\$
	Working capital			\$		\$ <u>490,000</u>
	Other (specify):		🗆	\$	_ 🗅	\$
			<u> </u>	\$	_ 🗆	\$
	Column Totals			\$	×	\$ <u>490,000</u>
	Total Payments Listed (column totals a	dded)		E	\$ <u>490,0</u>	000
_		D. FEDERAL SIGNATU				
ò	he issuer has duly caused this notice to be si ollowing signature constitutes an undertakin quest of its staff, the information furnished be	g by the issuer to furnish to the U.	S. Securit	ies and Exchange	e Commi	ission, upon written
	suer (Print or Type) cceller, Inc.	Signature	101	,	Date 4	129/03
	ame of Signer (Print or Type) leven McKean	Title of Signer (Print or T President	ype)		- 	

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)